



# Fall Survey

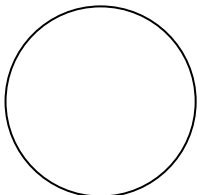
 Date \_\_\_\_\_

\*Fill out this form with your student at the beginning of the school year, then again in the spring (back side).

Directions: Read the questions to the child and record exactly what is said.

## HOW DO I FEEL ABOUT READING?

1. Draw a face that shows how you feel about reading.



2. I like reading  
(Circle one)



It's awesome!



Reading is ok.



I'd rather be doing other things.

3. When you have free time, how often do you choose to read?

\_\_\_\_\_ Every day      \_\_\_\_\_ Sometimes      \_\_\_\_\_ Never

4. What do you like to read about?

\_\_\_\_\_ Animals      \_\_\_\_\_ Real People      \_\_\_\_\_ Mystery      \_\_\_\_\_ Funny or Silly Things  
\_\_\_\_\_ Sports      \_\_\_\_\_ Science or Nature      Other \_\_\_\_\_

5. How do you like to read? (Choose all that you like.)

\_\_\_\_\_ By myself      \_\_\_\_\_ With friends      \_\_\_\_\_ With my teacher  
At home with \_\_\_\_\_

6. Where do you get your books to read? \_\_\_\_\_

7. What do you do when you get to a word you don't know?  
\_\_\_\_\_

8. Tell about something that you are very good at \_\_\_\_\_

9. Finish this sentence: Reading is \_\_\_\_\_

Student First Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Volunteer \_\_\_\_\_